2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 24, 2009
Secretary of State

DOCUMENT# F05000000918

Entity Name: CORY PACKAGING, INC.

Current Principal Place of Business:

6932 S MANHATTAN AVE
TAMPA, FL 33616

New Principal Place of Business:

Current Mailing Address:

PO BOX 13445
TAMPA, FL 33681

New Mailing Address:

FEI Number: 27-0051163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLE, MARSHALL CFO
6932 S MANHATTAN AVE
TAMPA, FL 33616 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: COLE, MARSHALL
Address: 6932 S MANHATTAN AVE
City-St-Zip: TAMPA, FL 33616

Title: VP ( ) Delete
Name: MADIGAN, JON
Address: 6932 S MANHATTAN AVE
City-St-Zip: TAMPA, FL 33616

Title: VP ( ) Delete
Name: SMITH, TERRY
Address: 6932 S MANHATTAN AVE
City-St-Zip: TAMPA, FL 33616

Title: VP ( ) Delete
Name: VOTAW, BRIAN
Address: 6932 S MANHATTAN AVE
City-St-Zip: TAMPA, FL 33616

Title: CFO (X) Delete
Name: COLE, MARSHALL
Address: 6932 S MANHATTAN AVE
City-St-Zip: TAMPA, FL 33616

Title: VP (X) Delete
Name: CAVALCANTI, FRANCISCO
Address: 6932 S MANHATTAN AVE
City-St-Zip: TAMPA, FL 33616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change ( ) Addition
Name: COLE, MARSHALL
Address: 6932 S MANHATTAN AVE
City-St-Zip: TAMPA, FL 33616

Title: CEO (X) Change ( ) Addition
Name: CROWE, FREDERICK
Address: 6932 S MANHATTAN AVE
City-St-Zip: TAMPA, FL 33616

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: THOMPSON, JOHN
Address: 6932 S MANHATTAN AVE
City-St-Zip: TAMPA, FL 33616

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY DELUCA CONT 11/24/2009

Electronic Signature of Signing Officer or Director — Date